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IN THE U.S. PATENT & TRADEMARK OFFICE

APPLICANTS: BECHTOLD et al.

Serial #: 09/ 869,514 Attorney Docket: 870-003-137

Filed: 10 JUL. 2001 for: INJECTION DEVICE

Examiner: M. DeSanto Art Unit: 3763

ELECTION

23 JUNE 2004

Commissioner for Patents
PO BOX 1450
Alexandria VA 22313-1450

Sir:

Responsive to the Requirement of 23 APR. 2004 to elect among the claims of Groups A-I, Applicants ELECT

GROUP B, CLAIMS 6-11

for initial examination. Applicants reserve their right to file divisional applications directed to the non-elected claims.

TRAVERSE

Injection devices have a "needle side," often called the "proximal" side because it is close to the patient, and an opposite side, known as the "distal" side. On the distal side, there is usually a dose adjustment mechanism, and one normally tensioned or cocked the device from the distal side, e.g. by pulling on a knob. Older versions often were both **cocked** and **adjusted** from the distal side.

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to Patent Office Art Unit 3763 at 703-872-9306 on the date shown below.

Milton Oliver

Milton Oliver, Reg. No. 28,333

JUNE 23, 2004
DATE

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Such a construction presupposes that there is a *continuous connection* within the device from the knob on the distal side to the needle, i.e. when one pulls from the top, at the bottom the needle must follow this motion. As a corollary, no connections inside the device can exist, which *do not* respond to such a pull.

The present invention operates on a **different principle**, according to which one pushes from the proximal side, when one wants to tension or cock the device. This makes it possible to make the internal structure of the device different, since the knob on the distal end serves only for dose adjustment, not for pulling or cocking. This unifying technical feature is true for all of the pending claims of this application, which means that there is unity of invention, contrary to the PTO's assessment.

The present invention is currently being marketed, and the patients are pleased with it, because the injection process is made gentle and pain-free. This is a consequence of the unique way the device is tensioned at the proximal side, a feature which binds all of the claims together as one invention.

Applicants would be happy to furnish a sample of the device to the Examiner, since it is believed this would facilitate understanding of the relatively complex mechanism. Just contact Applicants' counsel, if this would be desirable.

Respectfully submitted,

Milton Oliver

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